



SET Program in Orthopaedic Surgery: Training Regulations

1. **INTRODUCTION TO THE SET PROGRAM IN ORTHOPAEDIC SURGERY**

1.1 **Overview of the SET program in Orthopaedic Surgery**

The Royal Australasian College of Surgeons (RACS or College) is the body accredited by the Medical Council of New Zealand and the Australian Medical Council to conduct surgical education and training in Australia and New Zealand. NZOA has a partnering agreement with RACS to deliver the Surgical Education and Training (SET) Program in Orthopaedic Surgery.

The Surgical Education and Training Program in Orthopaedic Surgery is designed to allow doctors to achieve competency in the nine Surgical Competencies outlined by the Royal Australasian College of Surgeons, leading to competent, independent practice as a specialist orthopaedic surgeon in New Zealand and Australia. While expertise in the technical aspects of orthopaedic surgery is essential, all other skills are regarded as fundamental aspects of which the surgeon must understand and be skilled in. These are:

- Technical Expertise
- Collaboration and Teamwork
- Communication
- Health advocacy
- Judgement - clinical decision making
- Management and Leadership
- Medical expertise
- Professionalism and Ethics
- Scholarship and Teaching

The official website for the Orthopaedic Surgery SET Program in New Zealand is

www.nzoa.org.nz

For assistance or information regarding the SET Program in Orthopaedic Surgery please contact:

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1.2 Definitions and Terminology

The following terms and abbreviations, and their associated definition, will be used throughout these Regulations.

Term	Definition
ASSET	Australian and New Zealand Surgical Skills Education and Training
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
DHB	District Health Board
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
Mini CEX	Mini Clinical Examination
OITE	Orthopaedic In Training Examination
OPBS	Orthopaedic Principles and Basic Science Exam
PBA	Performance Based Assessment
NZOA	New Zealand Orthopaedic Association
NZOSTB	New Zealand Orthopaedic Specialty Training Board “The Board”
RACS	Royal Australasian College of Surgeons
Rotation	Training post
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SSE	Surgical Sciences Examination (Generic)
Surgical Supervisor	Coordinates management, education and training of accredited Trainees in accredited training positions. Monitors performance, completes assessments and identifies and documents performance management “Supervisor”.
Surgical Trainer	Works with accredited Trainees in acute and elective settings “Trainer”
Term	A term is an allocated period of training which could be six months, four months or three months.

1.3 The Regulations encompass the rules and principles for the control and conduct of the SET Program in Orthopaedic Surgery. These Regulations are in accordance with the policies and strategic direction of the RACS and should be read in conjunction with the RACS policies governing Surgical Education and Training. All RACS policies can be found on the

RACS website www.surgeons.org (also see Appendix 1 which lists the relevant policies).

- 1.4 The information in these Regulations is as accurate as possible at the time of printing. The NZOA Education Committee in consultation with the Royal Australasian College of Surgeons, reserves the right to make reasonable changes to these Regulations at any time. As the Regulations can change during the year the latest version will always be available on the NZOA website. All persons are advised to ensure they are consulting the most current version.
- 1.5 Trainee information: NZOA will keep all trainee information secure. Trainee information such as assessments, exam results and contact details will be shared with New Zealand Orthopaedic Specialty Training Board Members, NZOA Education Committee Members, Surgical Supervisors, Trainers, Hospitals and RACS as necessary. At the end of training all trainee information and assessments will become the property of the Royal Australasian College of Surgeons.

2 PROGRAM OVERVIEW

**Below are the overall requirements of the SET program in Orthopaedic Surgery
SET 1**

Requirement	Description
Terms	Satisfactory completion of 4 three month terms
Logbooks	All trainees are required to use the RACS SNOMED MALT logbook. This must be completed by the end of each three, four or six month term
Assessments	Trainees are required to do 4 sets of assessments in SET 1 comprising a Quarterly Assessment, Mini CEX, DOPS and PBA
Examinations	Clinical
Skills courses	ASSET CCrISP EMST CLEAR All by end of SET 2
Training Weekends	SET 1 Training Days Orthopaedic History and Examination Course

SET 2-4

Requirement	Description
Terms	Satisfactory completion of two six month terms or three four month terms per year. Each term must have an end of term assessment completed
Logbooks	All trainees are required to use the RACS SNOMED MALT logbook. This must be completed by the end of each four or six month term
DOPS	One per six month term or four month term
Mini-CEX	One per six month term or four month term
Examinations	Clinical (if not completed in SET 1) OPBS – to be completed by end of SET 3
Skills courses	ASSET CCrISP EMST CLEAR All by end of SET 2
Training Weekends	SET 2-Five Training Days held in Spring and Autumn Mock Exam – SET 4
Research	As per requirements – see appendix 2

SET 5

Requirement	Description
Terms	Satisfactory completion of two six month terms or three four month terms. Each term must have an end of term assessment completed.
Logbooks	All trainees are required to use the RACS SNOMED MALT logbook. This must be completed by the end of each four or six month term.
Examination	Fellowship Examination
Training Activities	SET 2-5 Training Days held in Spring and Autumn Pre Exam Course
Research	As per requirements – see appendix 2

3 TRAINEE ADMINISTRATION

3.1 Registration and Training Fees

3.1.1 Trainees selected to the SET program will be registered with the RACS in accordance with the RACS **Trainee Registration and Variation Policy**.

3.1.2 Surgical training fees are approved by RACS and NZOA in October each year and published on the website. Invoices are issued at the beginning of Term 1 of each training year. The College is responsible for collecting the training fee.

3.1.3 Trainees who fail to pay outstanding monies owed to RACS by the due date may be dismissed in accordance with the Dismissal from Surgical Training policy and these regulations.

3.2 Leave

3.2.1 Trainees undertaking fulltime training are entitled to a maximum of six weeks' leave including annual, sick, parental, study and bereavement leave per six month rotation subject to approval by the employing authority. Periods beyond this may result in the rotation being not assessed. Trainees wishing to take more than six weeks leave must apply for interruption of training. In extraordinary circumstances the NZOA Education Committee may allow extra leave per six month term or pro rata for 3 or 4 month terms taking into account consultant feedback and logbook numbers. Application for leave is subject to the approval of the employing authority.

3.3 Deferral, Interruption and Flexible Training

RACS Policy Training Registration and Variation sets out the principles for Variation to registration. Decisions relating to requests for deferment, interruption or flexible training will be the responsibility of the NZOA Education Committee. The decision may be reviewed or appealed in accordance with the RACS Appeals Mechanism.

3.3.1 Interruption is a period of approved absence by a Trainee from the SET Program following commencement of Training. Deferral is delaying the start time of training. Flexible training refers to training that is less than a full time training commitment.

3.3.2 Application for leave by deferral, interruption or flexible training may be approved for the following circumstances.

- Medical
- Family (parental or caregiving)
- Approved Research

3.3.2 Applications for deferral, interruption or flexible training must be made in writing to the chair of the NZOA Education Committee and outline the reason for the request and the time required. Trainees must also apply for appropriate leave from their employer and Committee approval does not compel a Trainee's employer to grant leave.

3.3.3 Applications for deferral must be made at the time of accepting an offer to the SET program and is for a fixed period of a year. In exceptional circumstances the Chair of the NZOA Education Committee may approve a variation to the standard period of deferral. Approval will only be given if the varied period will not result in another applicant being prevented from commencing training. Trainees who have commenced training cannot apply for deferral and may only apply for interruption of training.

3.4 Interruption of Training

3.4.1 The minimum period of interruption from training is six months.

3.4.2 Applications for interruption for research reasons must be made a minimum of six months prior to the start of the next training year which begins in December.

3.4.3 Applications for interruption for medical or family leave can be applied for at any time if supported by medical or other relevant evidence.

3.4.4 The NZOA Education Committee is not an employer and the trainee must apply for appropriate leave from their employer.

3.4.5 With the exception of leave for medical or family reasons, trainees cannot apply for leave in the first six months of training.

3.4.6 Interruption will not be granted if the trainee has received notice of dismissal.

3.4.7 Trainees will be required to pay the applicable fee to the College and NZOA while on interruption. Trainees will be notified of this fee.

3.4.8 The NZOA Education Committee may set conditions that require trainees to demonstrate currency of skills before returning to training or in the first few months of re-commencing training. Assessments may include but are not limited to an interview, attendance at a training weekend, completion of a Mini CEX, DOPs or clinical observation.

3.4.9 Trainees who request medical interruption must provide appropriate documentation, including a medical certificate outlining the reasons medical interruption is required. In addition trainees will have to submit a report from their treating doctor prior to recommencing clinical training indicating their ability to return to training.

3.5 Flexible Training

- 3.5.1 Trainees who wish to apply for flexible training must apply to the NZOA Education Committee at least six months prior to the proposed commencement of flexible training.
- 3.5.2 Applications for flexible training must have a training commitment of at least 50% of a full time trainee in any one training year.
- 3.5.3 The NZOA Education Committee will make the determination on the approval or otherwise taking into consideration the availability of a suitable flexible training position.
- 3.5.4 Trainees approved for a period of flexible training are required to participate in surgical teaching programs and attend the mandatory training events. All trainees will be required to satisfactorily complete all components of the SET program to be eligible for Fellowship.
- 3.5.5 Trainees will pay a pro-rata fee for the period that they are on flexible training.

3.6 Approved Research Interruption

- 3.6.1 A period of full time research relevant to Orthopaedic Surgery during the SET program is encouraged.
- 3.6.2 Approved research interruption must be for a minimum of 1 year however it may be longer than one year.
- 3.6.3 Applications for this interruption must be made in writing and include documentation including a letter of support from the intended supervisor, synopsis of research project and/or proof of offer to a higher degree.
- 3.6.4 Trainees must be performing satisfactorily at the time of interruption to training. Approved research interruption will not be approved if the trainee is on probation or the trainee's most recent term was unsatisfactory.
- 3.6.5 Trainees must have completed the required exams/skills courses by year level prior to going on research interruption.
- 3.6.6 Trainees on research interruption are required to provide a six monthly report to the NZOA Education Committee on the progress of the research.
- 3.6.7 Trainees must notify the Board if they are unable to proceed with or complete their research. Approved research interruption may be

withdrawn and trainees will recommence training at the beginning of the next term if a training post is available.

- 3.6.8 Trainees on research interruption are still required to complete five years of SET clinical training (SET 1-5).

4 DURATION AND STRUCTURE

- 4.1 The SET Program in Orthopaedic Surgery is normally completed in 5 years SET 1-5 and it is expected that trainees will complete their training in a number of DHBs in accredited training posts. Trainees must have completed the training program 9 years after commencing SET 1 excluding time taken off for parental or medical leave.
- 4.2 It is mandated that trainees will progress through the stages of knowledge and skill acquisition.
- 4.3 On occasion a trainee may request to repeat a year if they believe this is in the best interest of their Education and Training. This will not incur probationary conditions however they will not be able to request this if they are on probation or have not completed the OBPS exam by the end of SET 3.

5 CURRICULUM

The Curriculum is based on education of a trainee to be competent in all aspects of orthopaedic surgery and proficient in each of the nine RACS competencies as detailed in Item 1.1.

- 5.1 The curriculum specifies the scope of surgical practice for orthopaedic surgery and contains the specific content for the assessment of the nine RACS competencies.
- 5.2 The curriculum incorporates formative and summative assessment as detailed in Item 6. Summative assessment determines the progress of trainees through the SET program and the ultimate Fellowship examination.
- 5.3 The curriculum will be reviewed on a regular basis by the NZOA Education Committee to ensure currency and relevance.
- 5.4 The latest version of the curriculum will be available on the NZOA website. Those in SET training will be notified of any changes.

6 ASSESSMENT OF CLINICAL TRAINING

6.1 Direct Observation of Procedural Skills in Surgery (DOPS) Assessment

6.1.1 DOPS is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback in order to drive learning.

6.1.2 The DOPS form can be found on the [NZOA](#) website.

6.1.3 SET 1 Trainees are required to participate in one per three-month rotation or complete four in the year if doing 4 month rotations or complete two per six month term. SET 1 trainees must complete four satisfactory assessments in the year.

6.1.4 These assessments are formative and are aimed at guiding further development of surgical skills.

6.1.5 Assessments should be completed in time for review during the Mid-term Assessment and/or End of Term Assessment. The forms must be submitted to the NZOA office by the due date which will be notified at the beginning of the training year. Failure to return the form may result in the term being deemed not assessed and therefore the term may not be counted towards training.

6.1.6 Multiple scores of “Borderline” or a single score of “Unsatisfactory” indicates a need for significant improvement in performance. Trainees should be provided with constructive feedback and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

6.1.7 Trainees are advised to retain a copy of the assessment in their Training Portfolio.

6.2 Mini-Clinical Examination (Mini-CEX)

6.2.1 The Mini-CEX is designed to assess competencies essential to the provision of good clinical care. It is also used to facilitate feedback in order to drive learning.

6.2.2 The Mini-CEX form can be found on the [NZOA](#) website.

6.2.3 SET 1 Trainees are required to participate in one per three-month rotation or complete four in the year if doing 4 month rotations or complete two per six month term. SET 1 trainees must complete four satisfactory assessments in the year.

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- 6.2.6 Multiple scores of “Borderline” or a single score of “Unsatisfactory” indicates a need for significant improvement in performance. Trainees should be provided with constructive feedback and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.
- 6.2.7 Trainees are advised to retain a copy of the assessment in their Training Portfolio.

6.3 Performance Based Assessment (PBA)

- 6.3.1 The Performance Based Assessment is designed to assess competencies essential to surgery – before, during and after surgery. Is also used to facilitate feedback in order to drive learning.
- 6.3.2 The Performance Based Assessment form can be found on the [NZOA](#) website.
- 6.3.3 SET 1 Trainees are required to participate in one per three-month rotation or complete four in the year if doing 4 month rotations or complete two per six month term. SET 1 trainees must complete four satisfactory assessments in the year.
- 6.3.4 These assessments are formative and are aimed at guiding further development of clinical skills.
- 6.3.5 Assessments should be completed in time for review during the Mid-term Assessment and/or End of Term Assessment. The forms must be submitted to the NZOA office by the due date which will be notified at the beginning of the training year. Failure to return the form may result in the term being deemed not assessed and may therefore be unaccredited.
- 6.3.6 A single score of “Unsatisfactory” indicates a need for significant improvement in performance. Trainees will be provided with constructive feedback and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.
- 6.3.7 Trainees are advised to retain a copy of the assessment in their Training Portfolio.
- 6.3.8 Formative Assessment
Formative assessments aim to identify areas of good performance and areas of performance that require improvement to demonstrate competence. Formative assessments also provide opportunities for improving performance.

The components of Formative Assessment during **SET 1** consist of:

- a. DOPS
- b. Mini-CEX
- c. Performance Based Assessment

The components of Formative Assessment during **SET 2-5** consist of:

- a. Mini-CEX
- b. DOPS

A Mid-term Assessment if the Trainee is on six months probation

6.3.9 Summative Assessment

Summative Assessments are completed in **SET 1** and **SET 2-5** and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies to permit accreditation of a period of training.

If unsatisfactory performance is reflected in a Summative Assessment, the period of training will not be accredited and the Trainee will be placed on Probationary Training.

The Summative Assessment is

- a. the End of Term Training Assessment

6.3.10 Conducting Assessments

6.3.11 Both the Formative and Summative Assessments of Trainees are conducted by the Surgical Supervisor. The input of all other Surgical Trainers on the Unit will be sought for summative assessments.

6.3.12 The Surgical Supervisor may also seek input from other persons who had contact with the Trainee (e.g. nurses, administrative staff).

6.3.13 If the Surgical Supervisor is to be on leave during this time, the Trainee should make arrangements to complete the form at an earlier stage.

6.3.14 All Surgical Trainers of the Unit to which the Trainee is allocated to, and who have directly observed the Trainee performing, are required to contribute to the Trainee's summative assessment. This might best be undertaken at a face-to-face meeting, between the Trainers, to discuss the performance of the Trainee, and to reach consensus on the assessment of each competency listed on the assessment form. Although the assessment form might be filled out in the absence of the Trainee, the Surgical Supervisor must subsequently meet with the Trainee to discuss the assessment.

6.3.15 Formative assessments may be conducted by the Surgical Supervisor on a one-to-one basis with the trainee.

6.3.16 Trainees are required to participate in the assessment process. Failure of a Trainee to fully participate or adhere to the requirements of the assessment process in a timely manner will result in non-accreditation of a

period of training, and commencement of Probationary Training in the following term.

End of Term Assessment (SET 2-5) and Quarterly Assessment (SET 1)

- 6.3.17 At the end of a three-month term or six-month term, the Surgical Supervisor will seek the input of all Surgical Trainers on the Unit, to reach consensus on the Summative Assessment of the Trainee's performance.
- 6.3.18 A review of the Trainee's logbook will be undertaken as part of the assessment.
- 6.3.19 The Surgical Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Surgical Supervisor that this meeting occurs.
- 6.3.20 The End of Term Assessment/Quarterly Assessment Form (and completed Mini-CEX, DOPS and PBA if in SET 1) must be used to guide and document the feedback and assessment of the Trainee.
- 6.3.21 The forms must be dated and signed by the Surgical Supervisor and the Trainee and returned to the NZOA office within two (2) weeks of the relevant due date.
- 6.3.22 The completed form must reflect the discussions held during the assessment meeting between the Supervisor and Trainee.
- 6.3.23 The Trainee must sign the form and must indicate if they agree or disagree with the assessment.
- 6.3.24 The NZOA Education Committee will determine the final assessment for the rotation.
- 6.3.25 It is the responsibility of the Trainee to ensure that the signed, completed assessment form together with any associated documentation is returned to the NZOA office within the specified time.
- 6.3.26 If signed and completed Assessment forms (i.e. Mini CEX, Surgical DOPS) and any associated relevant documentation are not submitted to the NZOA office by the due date, the period of training may be deemed not assessed and may therefore be unaccredited. This may result in the Trainee commencing Probationary Training in the subsequent term.
- 6.3.27 When areas of performance are identified as "Borderline" on the summative End of Term Assessment Form, the Surgical Supervisor will discuss this with the Trainee and an appropriate remedial plan will be developed which will include a Performance Management Plan for the following term. The Performance Management Plan must be returned to the Education and Training Manager at the NZOA office to confirm, by the Trainee on a monthly basis, adherence to the remedial plan.
- 6.3.28 Where applicable, the Surgical Supervisor will notify the regional Education Committee member of any concerns regarding the performance of the Trainee.

- 6.4 If the overall performance is assessed as “Unsatisfactory”, the trainee’s following term will be a probationary term in accordance with regulation 10. An appropriate Performance Management Plan will be implemented as part of Probationary Training. The Performance Management Plan must be returned to the Education and Training Manager at the NZOA office, by the Trainee, on a monthly basis until the end of Probationary Training.
- 6.4.1 Advice may be sought from the Supervisor and other Surgical Trainers in the Unit in developing an appropriate Performance Management Plan for the Trainee.
- 6.4.2 Unsatisfactory grades in any part of the assessment will be reviewed by the Board who may place the trainee on probation – as per 10.
- 6.4.3 An unsatisfactory Summative Assessment is defined as:
- a. an overall “Unsatisfactory” grade End of Term Assessment form based on receiving borderline and/or not-competent rating(s), and/or
 - b. one or more “Unsatisfactory” grades in any of the essential criteria and/or
 - c. non-submission of completed assessment form or any associated documentation within **two (2)** weeks of the End of-term.
- 6.4.4 An “unsatisfactory” grade in a Mid-Term Formative Assessment completed at the SET 2-5 training weekends will not result in Probation.

7 CLINICAL TRAINING POSTS

- 7.1 Accredited clinical training posts facilitate workplace hands on learning and exploration in a range of training environments to develop the requisite skills, knowledge and attributes to become a competent independent orthopaedic surgeon.
- 7.2 Trainees can only complete the clinical program in accredited clinical training posts. The Hospital accreditation process is outlined in regulation 16.
- 7.3 The NZOA Education Committee may allocate trainees to a range of accredited clinical training posts to ensure optimal exposure to the full scope of orthopaedics during their training.

8 RESEARCH DURING SURGICAL EDUCATION AND TRAINING

Exposure to research is an important objective of the College’s Surgical Education and Training (SET) Programs. Research assists trainees in developing the necessary skills and experience to critically appraise new

trends in surgery and contribute to the development, dissemination, application and translation of new medical knowledge and practices, the principles of which are outlined in RACS Research During Surgical Education and Training Policy and these regulations.

- 8.1 Trainees are required to complete the SET research requirements as outlined in the document 'Research Requirements during Orthopaedic Surgery SET' – Appendix 2.
- 8.2 Trainees wishing to pursue an extended research period may apply to the NZOA Education Committee for Interruption to their training program (see 3.6).
- 8.3 Application should be made in writing to the NZOA Education Committee and include the research topic, method, benefit to orthopaedic surgery, funding, research supervisor and any other relevant details. Receipt of a RACS or RACS Foundation for Surgery funded scholarship does not guarantee that the Research will be accredited to the SET program. However trainees who receive a RACS or RACS Foundation for Surgery funded scholarship may be granted an appropriate period of leave from the training program at the discretion of the NZOA Education Committee to complete the scholarship.

9 EXAMINATIONS

- 9.1 All examinations are conducted by RACS. Trainees must register to sit all required examinations. All information, including closing dates is available on the RACS website.
- 9.2 Trainees must fund the expenses incurred to sit all examinations.
- 9.3 Trainees must complete the OPBS exam by the end of SET 3 in accordance with the RACS **Conduct of the Orthopaedic Principles and Basic Science Examination** policy.
- 9.4 The Fellowship Examination is a mandatory component of the SET program.
- 9.5 Recognition of Prior Learning for examinations will be considered in accordance with the RACS Recognition of Prior Learning policy.

10 PROBATIONARY STATUS FOR UNSATISFACTORY PERFORMANCE

- 10.1 Where an overall rotation is unsatisfactory, the Trainee will be placed on probation by the Education Committee. The Education Committee must notify the Trainee in writing, copied to the Surgical Supervisor and the

relevant employing authority, that probationary status has been applied. Such notification should include:

- 10.1.1 Identification of the areas of unsatisfactory performance
 - 10.1.2 Confirmation of the remedial action plan or performance management plan
 - 10.1.3 Identification of the required standard of performance to be achieved
 - 10.1.4 Notification of the duration of the probationary period
 - 10.1.5 The frequency at which assessment reports must be submitted and specific date/s of submission
 - 10.1.6 Possible implications if the required standard of performance is not achieved
- 10.2 The probationary period should usually be no less than three months and no more than six months.
- 10.3 During the probationary period the Trainee’s performance should be regularly reviewed by the surgical supervisor against the remedial action plan and the Trainee should be offered constructive feedback and support.
- 10.4 An End of Term summative assessment will be undertaken. If performance is considered satisfactory at the conclusion of the probationary period the probationary status must be removed.
- 10.5 If performance is determined by the Committee to be not satisfactory at the conclusion of the probationary period the Committee may initiate dismissal proceedings in accordance with the College policy on Dismissal from Surgical Training and the Committee’s training program regulations.

11 DISMISSAL FROM SURGICAL TRAINING

11.1 Unsatisfactory Performance

- 11.1.1 A trainee may be considered for dismissal for unsatisfactory performance if:
- a. the Trainee’s performance has been rated as unsatisfactory at the End of Term summative assessment applied in accordance with (10.5) or
 - b. the Trainee has received three or more unsatisfactory summative assessments over the duration of their SET program.
- 11.1.2 The Education Committee will appoint a Subcommittee to consider dismissal.

- 11.1.3 The Trainee will be provided with a minimum ten (10) business days' notice of the interview and the proceedings.
- 11.1.4 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.
- 11.1.5 The Trainee will be given the opportunity prior to the interview to make a written submission to the Subcommittee. The submission must be received by the Board at least five (5) business days prior to the hearing.
- 11.1.6 The Trainee will be provided with all documentation to be considered by the committee at least 10 business days prior to the interview.
- 11.1.7 Where the Trainee has been duly notified of the interview and declines or fails to attend, the committee will consider its decision on the basis of the documentation before it and will make a recommendation as to the Trainee's continued participation on the training program and the reasons for the recommendation.
- 11.1.8 The decision must be recorded in writing together with reasons. The decision must be provided to the Trainee within ten (10) business days and prior to any recommendation to the Education Committee by the Subcommittee.
- 11.1.9 The Education Committee (excluding all members of the Subcommittee and any other members with a conflict of interest), will accept or reject the Subcommittee recommendation regarding dismissal of the Trainee from SET. This should be done within 10 business days of the Education Committee receiving the Subcommittee's recommendation.
- 11.1.10 The Education Committee must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.
- 11.1.11 Substantiating documentation must demonstrate that the Trainee had appropriate meetings to discuss performance and had a performance management plan addressing known deficiencies.
- 11.1.12 A final dismissal letter must be issued to the Trainee under the signature of the Chair of the NZOSTB.
- 11.1.13 The employing authority will be advised of the dismissal of the Trainee from the training program.

11.2 Failure to pay outstanding monies

A trainee who does not pay outstanding monies may be dismissed in accordance with the College and Specialty Surgical Education and Trainee Fee policies.

11.3 Failure to satisfy medical registration or employment requirements

- 11.3.1 Trainees who, for any reason do not have valid medical registration from the Medical Council in their jurisdiction that enables full participation in the training program will be dismissed.
- 11.3.2 Valid medical registration is defined as general medical registration and unrestricted, unconditional general scope registration.
- 11.3.3 Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the CEO or HR Director or equivalent) may be suspended from the training program.
- 11.3.4 Where employment is refused, the trainee must be informed within 10 business days and provided with copies of the employer's correspondence to the College (or its agent).
- 11.3.5 The final dismissal letter must be issued to the trainee under the signature of the Chair of the NZOSTB or delegate.

11.4 Failure to complete training requirements within specified timeframes

12 MISCONDUCT

- 12.1 Conduct identified as misconduct is defined in the RACS Misconduct Policy.
- 12.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the supervisor, Fellow or other person has identified the misconduct, a Subcommittee will be formed with no less than three (3) members.
- 12.3 The allegation should be put to the Trainee, in writing, by the Subcommittee, for an initial written response by the trainee including relevant documentation.
- 12.4 If initial consideration by the Subcommittee determines that the alleged conduct is not misconduct, or if the Trainee's response is viewed as adequate, no further action will be taken.
- 12.5 If the Trainee's response is viewed by the Subcommittee as inadequate, or a response is not received, the process set out in the following regulations will be followed.
- 12.6 A hearing will be convened and the Trainee will be given a minimum of 10 business days' notice of the hearing. The proceedings will cover the following:
 - a. Details of the allegation including all relevant documentation
 - b. Hear the response of the Trainee
 - c. Possible consequences

- d. Process following hearing
- 12.7 The trainee will be provided with all documentation to be considered by the Subcommittee at least five (5) business days prior to the hearing.
- 12.8 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.
- 12.9 The Trainee will be given the opportunity prior to the hearing to make a further written submission to the Subcommittee. The submission must be received by the Subcommittee at least five (5) business days prior to the hearing.
- 12.10 Where the Trainee has been duly notified of the hearing and declines or fails to attend, the Subcommittee will consider the allegation of misconduct on the basis of the documentation presented to it and make a finding as to the misconduct and in the case of a finding that the misconduct occurred, a recommendation as to any penalty, with written reasons.
- 12.11 The Subcommittee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the investigation:
- a. the allegations need to be amended
 - b. new allegations are added
 - c. new evidence or facts emerge.
- 12.12 Within 10 business days following the hearing, the Subcommittee will make a written finding as to whether or not misconduct occurred. The finding together with all documentation relied on, will be given to the NZOA Education Committee by the Subcommittee. The trainee will be provided with a copy of the finding and recommendation (if any) and written reasons of the committee.
- 12.13 The Education Committee (excluding the Subcommittee members and any other members with a conflict of interest) will accept or reject the Subcommittee determination as to penalty from 12.14
- 12.14 Possible penalties for misconduct may be, but are not limited to:
- a. formal censure, warning or counselling; and/or
 - b. limitation of progression to the next level of training for up to one year; and/or
 - c. suspension of the trainee for a period of up to one year; and/or
 - d. prohibition from sitting the Fellowship Examination for a period of up to one year;
 - e. Probationary term with a performance management plan; or
 - f. dismissal from the training program.

- 12.15 Where the Subcommittee recommends dismissal to the NZOA Education Committee, the NZOA Education Committee (excluding the Subcommittee members and any other members with a conflict of interest) must be satisfied that the recommendation can be justified and that the correct processes have been followed and adequately documented.
- 12.16 The NZOA Education Committee will notify New Zealand Orthopaedic Specialty Training Board. The Specialty Board will instigate the penalty recommended by the NZOA Education Committee, which will be issued under the Chair of the NZOSTB.
- 12.17 The trainee will be notified of the NZOA Education Committee’s decision within ten (10) business days of the NZOA Education Committee meeting

13 FELLOWSHIP EXAMINATION

- 13.1 To present for the Fellowship Examination in Orthopaedic Surgery trainees must have met the following requirements:
- a. Be in SET 5
 - b. Satisfactorily completed at least 6 six month terms beyond SET 1
 - c. Completed any period of Probationary Training
 - d. Fully paid up fees owed to RACS
- 13.2 Trainees must register with the RACS Examinations Department to sit the Fellowship Examination by the due date after approval by their current Surgical Supervisor.
- 13.3 A trainee who is unsuccessful in their first attempt at the Fellowship Examination should seek assistance from their supervisor, mentor or local representative on the NZOA Education Committee.
- 13.4 A trainee who is unsuccessful in two (2) or more attempts at the Fellowship Examination will be counselled in accordance with the RACS Fellowship Examination Eligibility and Examination Performance Review policy. The trainee will continue to be supported and mentored as they seek to pass the Fellowship Exam. This will include attendance at the Mock Exam and the Pre Exam Course.

14 ADMISSION TO FELLOWSHIP

- 14.1 Upon successful completion of all aspects of the SET program trainees apply to RACS for admission to Fellowship. Admission to Fellowship is not automatically granted upon successful completion of the Fellowship Examination.
- 14.2 Application for admission to Fellowship is made by submitting the appropriate form available on the RACS website.

14.3 The Trainee must complete the required form which is approved by their current supervisor and the Board Chair.

14.4 Applications for admission to Fellowship are processed on a monthly basis. The closing date for submission is the first business day of each month. Trainees should be aware that the process takes a month to complete. Trainees in SET 5 may apply for expedited Fellowship providing they meet the criteria documented on the RACS website. Prior to applying for expedited Fellowship trainees are required to complete a Mid Term Assessment form.

15 VARIATIONS

15.1 Any variation to these Regulations must be approved by the RACS Education Board or its Executive.

16 HOSPITAL ACCREDITATION

16.1 The NZOA Education Committee conducts hospital accreditation in line with the RACS Training Post Accreditation and Administration policy, the Accreditation of Hospitals and Posts for Surgical Education and Training guidelines and these regulations.

16.2 The NZOA Education Committee will assess each unit against the criteria outlined in the RACS Accreditation of Hospitals and Posts for Surgical Education and Training guidelines and the NZOA application for Accreditation/Reaccreditation of Orthopaedic SET Training posts.

16.3 If the standards are met the NZOA Education Committee may accredit a hospital for a period of twelve (12) months to five (5) years.

16.4 The NZOA Education Committee monitors the performance of hospitals throughout the period of accreditation through trainee assessments.

16.5 The NZOA Education Committee may at any time, re-inspect an accredited post if there is a matter of concern relating to conditions of orthopaedic training. Refusal to meet the requirements or assist the NZOA Education Committee may result in the post being discredited.

16.6 Trainees are recommended to employers for appointment to accredited posts; however the employers retain the right to not employ recommended trainees.

17 SUPERVISOR OF TRAINING

The purpose of this is to outline the requirements and responsibility for Surgical Supervisors participating in accredited training positions that form part of the College Surgical Education and Training programs, as per Surgical Supervisors Policy and these regulations.

- 17.1 Each hospital with an accredited training post must have an approved Supervisor. The Supervisor is the main point of contact for the trainee whilst in the unit and will oversee all trainees' learning and development.
- 17.2 Supervisors are ideally Fellows of the College however on occasion a Supervisor may be appointed who holds Vocational Registration with the Medical Council of New Zealand but is not a Fellow of RACS. Supervisors must be familiar with both the surgical education and training program and, College policies, and must have demonstrated experience with appropriate clinical, administrative and teaching skills.
- 17.3 Supervisors are appointed on a three year rota and may at the discretion of the Orthopaedic Department and the Education Committee be granted a further three years.
- 17.4 Supervisors are consultant surgeons in the Unit who normally interact with trainees in the operating theatre, outpatient department and during clinical and education sessions.
- 17.5 Supervisors will work closely with Surgical Trainers within their unit to facilitate Trainee education and training.
- 17.6 Supervisors are the main point of contact between the hospital and the Education Committee. As such the Supervisors are expected to relay relevant information from the NZOA Education Committee to the hospital and vice versa.
- 17.7 Where appropriate, the Supervisors will receive a copy of correspondence from the Education Committee to the trainee to assist in the training and development of the trainee.
- 17.8 The main method of correspondence between the NZOA Education Committee and the Supervisor is via email.
- 17.9 Should the Supervisor have any concerns regarding a trainee they should signal this in writing to the NZOA Education Committee.

18 Recognition of Prior Learning

Trainees in the College Surgical Education and Training (SET) Programs have the opportunity to receive Recognition of Prior Learning (RPL) and Credit Transfer (CT) as defined in the Recognition of Prior Learning Policy and these regulations.

Recognition of Prior Learning (RPL) is the formal recognition of the skills and knowledge that a person has obtained external to their College training program. Credit Transfer (CT) is an arrangement to give a standard level of credit or formal recognition to individuals who have previously achieved competence in a training or educational environment external to the College. Credit transfer assesses a course or component to determine the extent to which it is comparable to a College course. It is recognised that trainees entering surgical training may have received prior medical training which is comparable to components of Surgical Education and Training.

RPL and CT is not available for the Fellowship Examination or the OPBS. RPL and CT maybe granted for courses that are equivalent to ASSET, CCriSP, EMST and CLEAR as published on the RACS website. Recognition of Prior Learning and Credit Transfer processes will be timely, fair, transparent, accountable and subject to appeal. RPL and CT assessment will be based on evidence and fair, flexible, valid and reliable.

Applications for RPL for clinical experience may be considered provided the experience was:

- a. undertaken in a clinical location accredited by a state or national accreditation authority; and
- b. in the relevant clinical specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and
- c. supervised by a clinician (surgeon or other appropriately qualified consultant); and
- d. obtained within the last two years; and
- e. supported by a logbook.

18.1 When applying for RPL for clinical experience, applicants will be required to demonstrate how that experience has contributed to the acquisition of College competencies.

18.2 In considering a request for RPL a retrospective assessment report will be requested from the supervising clinician. Where a report cannot be obtained no RPL will be granted.

18.3 The NZOA Education Committee may defer a decision on an application for RPL of clinical experience for up to 12 months to enable adequate

formative and summative assessments to confirm the claimed level of competency has been gained.

- 18.4 RPL granted for clinical experience may lead to an overall reduction in the total duration of the relevant College SET Program, but will not exempt trainees from completing all elements of assigned rotations.
- 18.5 RPL may be granted for the course where the NZOA Education Committee assesses that the curriculum of the completed course is equivalent.
- 18.6 Trainees seeking RPL for other mandatory courses should refer to the College website for details of how to apply. Where an application for RPL or CT requires investigation a published processing fee will be payable.

APPENDIX 1 – POLICIES

The Regulations are specific to the SET Program in Orthopaedic Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies.

The NZOA Education Committee advises that familiarity with the following RACS Policies is essential for Trainees, Committee Members and training administrators.

Documents can be found on the [RACS website](#) and following subheadings:

Education Board and Committees

- a. Board of Surgical Education and Training Terms of Reference
- b. Specialty Boards and their Regional Subcommittees Terms of Reference

Examinations and Assessments

- c. Assessment of Clinical Training
- d. Conduct of the SET Clinical Examination
- e. Conduct of the SET Generic Surgical Science Examination
- f. Conduct of the Orthopaedic Principles and Basic Science Examination
- g. Fellowship Examination Eligibility and Examination Performance Feedback

Fellowship

- h. Code of Conduct Handling Potential Breaches
- i. Complaints Process Policy

Surgical Education and Training

- j. College Surgical Education and Training (CSET) Fee
- k. Discrimination, Bullying and Sexual Harassment
- l. Dismissal from Surgical Training
- m. Former Trainees Seeking Permission to Reapply to Surgical Training
- n. Ill, Injured and Impaired Trainees
- o. Recognition of Prior Learning
- p. Research During Surgical Education and Training
- q. SET Misconduct
- r. Surgical Supervisors
- s. Surgical Trainers
- t. Specialty Surgical Education and Training Fee
- u. Trainee Registration and Variation Policy
- v. SET Training Agreement

APPENDIX 2 – RESEARCH REQUIREMENTS DURING SET

Trainees are required to receive **a minimum of 5 points** out of the maximum of 10 to be considered as completing their research requirements on the SET program. All accepted research activities are at the discretion of the NZOA Education Committee.

The mandatory research requirements are:-

- Completion of CLEAR (or equivalent)
- Satisfactory project participation **and** a publication **or** presentation
Or
- Satisfactory completion of research towards a higher degree, which includes associated publication or presentations

Activity	Points awarded	To be completed by:
CLEAR (or equivalent)	1 point	Before SET 2
Higher degree completed while on the SET training program	3 points	Before applying to sit Fellowship
Research project participation and completion	3 points	Before applying to sit Fellowship
Publication* (if not presented)	2 points	Before applying to sit Fellowship
Presentation^	1 point	Before applying to sit Fellowship

* Acceptable publication is limited to peer-reviewed scientific journals as a primary or major author. Documentation confirming acceptance for publication is acceptable.

^ Acceptable meetings are those that select papers against criteria, are peer-reviewed, have chaired sessions, accept registrants nationally/internationally and have a published program, e.g. NZOA ASM – however, regional meetings and journal club presentations are **not** acceptable.

Further details on the research requirements are available on the NZOA website –

www.nzoa.org.nz

APPENDIX 3 - RECOMMENDED COURSES

- a. Basic Arthroscopy (SET 2 or 3 and depending on availability of course)
- b. Advanced Arthroscopy (SET 4 or 5 and depending on availability of course)
- c. Biennial Orthopaedic Pathology (All SET levels)
- d. APOS Registrar Course (All SET levels)
- e. AO Trauma (All SET levels)

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